

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/756097

FILING DATE

01-08-01

APPLICANT(S)

12/27/01 2:15:02 CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2	1		1		1	
3		1		1		1
4		1		1		1
5		1		1		1
6		1		1		1
7		1		1		1
8		1		1		1
9	1		1		1	
10	1		1		1	
11		1		1		1
12		1		1		1
13	1		1		1	
14	1		1		1	
15		1		1		1
16		1		1		1
17		1		1		1
18		1		1		1
19	1		1		1	
20	1		1		1	
21		1		1		1
22		1		1		1
23		2		2		2
24	1		1		1	
25	1		1		1	
26		1		1		1
27		2		2		2
28	1		1		1	
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TOTAL IND.	11		11		11	
TOTAL DEP.	19		19		19	
TOTAL CLAIMS	30		30		30	

BEST AVAILABLE COPY

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS